



MILWAUKEE COUNTY
**DEPARTMENT OF
HEALTH & HUMAN
SERVICES**

STRATEGIC PLAN:

Creating Healthy Communities

2020-2025

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LETTER FROM THE DIRECTOR.....

DHHS STRATEGIC PLAN 2020-2025



I am proud to present our bold vision for 2025, where we reimagine how services are delivered. Along with the rest of Milwaukee County, DHHS is a catalyst for change, by addressing racial equity, investing in upstream prevention, and improving health outcomes for program participants and the community as a whole.

The *2020-2025 DHHS Strategic Plan: Creating Healthy Communities* lays out an ambitious roadmap with specific and realistic goals. We are focused on real change, pursuing an integrated service model that orchestrates care for its program participants while providing a welcoming, friendly, trusted, trauma-informed environment. We address social determinants of health and improve community health outcomes as we infuse policy and practice with the understanding of racial and health equity and invest in staff and the human services ecosystem.

This document represents the work of dozens of DHHS staff, their investment in the strategic planning process and their thoughtful contributions in envisioning a “Future State” for DHHS. The Future State is outlined in this strategic plan document. Activities detailed reflect the commitment of DHHS staff and community partners to make a difference in the lives of nearly one million residents of Milwaukee County.

Much like other strategic plans, this is a dynamic document that will continue to be tested and adapted throughout its implementation. We were deep in the planning process when we experienced a global pandemic (COVID-19), a public health crisis unlike any we have seen in a century. Implementation of this plan began in 2020 and in many ways was advanced by the pandemic. DHHS is committed to implementing the strategies outlined in this plan, while remaining adaptable as we navigate a new normal.

This plan aligns with the vision for Milwaukee County: **By achieving racial equity, Milwaukee will be the healthiest county in Wisconsin.** It advances the **No Wrong Door** model, centering services and processes around the accessibility and needs of participants, rather than around the convenience and needs of systems. Additionally, it supports the priorities of the countywide strategic plan published in 2020.

To reach our goals, we will need to challenge ourselves and each other. Creating systemic change will require an intense examination of the status quo. It means aligning our approach with providers and community stakeholders, enhancing existing partnerships, and developing new ones. This will only be accomplished by working together toward a shared vision, **“Together, creating healthy communities.”**

I invite you to join us on our journey.

Shakita LaGrant-McClain
Director

MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Consists of Aging, Behavioral Health, Disabilities Services, Housing Services, Management Services, Youth & Family Services, and Veterans’ Services



INTRODUCTION

The Milwaukee County Department of Health and Human Services (DHHS) created this strategic plan to communicate how it will achieve the department’s mission of **“Empowering safe, healthy, and meaningful lives.”** It will do so by carrying out two unique strategies developed through a comprehensive planning process to define its 2025 Future State. The implementation of these strategies will improve Milwaukee County’s health outcomes and will play a major role in advancing Milwaukee County’s overall vision: **“By achieving racial equity, Milwaukee will be the healthiest county in Wisconsin.”**

80,000	\$376M	900
RESIDENTS SERVED ANNUALLY	ANNUAL BUDGET	APPROXIMATE STAFF

DHHS provides essential human services to more than **80,000** residents annually, with a budget of **\$376 million** and work carried out by approximately **900** staff and more than **4,000** contracted staff.* The department is made up of Aging, Behavioral Health, Disabilities Services, Housing Services, Management Services, Youth & Family Services, and Veterans’ Services. A significant portion of services are provided in contracted partnership with non-profit agencies that serve residents on behalf of the county. The funding for DHHS is derived from state and federal reimbursement and county tax levy. Grants and private funding play a small but increasing role across the department. DHHS leads by example in addressing racial and health equity through a close examination of policy and practice. It invests resources and staffing in impacted communities and pursues authentic community engagement that seeks to ensure access, voice, and ownership to residents. The department measures its success by collecting data on individual and aggregate participant outcomes, with a focus on eliminating disparities by race.

**Budget represents 2021 DHHS budget including all its service areas; number of staff represents the number of Full-Time Equivalent positions; number of contracted staff represents number of individuals who are part of the DHHS provider network.*

In May of 2019, Milwaukee County passed a first-of-its-kind resolution declaring racism a public health crisis. DHHS shares Milwaukee County’s bold commitment to addressing racial and health equity with the goal of influencing systems to reduce health disparities and improve health outcomes. Moving forward, DHHS will view its work through the lens of racial equity, from policy and practice internally to how we dissect participant and population health data to evaluate our performance.

Along with championing racial equity among our system partners, DHHS aims to advance principles of prevention, person-centered practice, and community voice to influence the trajectory of current legislation and human service investments, while advancing best practices that affect Milwaukee County residents’ lives. For behavioral health, it is addressing needs in the least restrictive environment via collaborative partnerships and community-based services. In youth justice reform, it is working with our system partners to decrease the carceral footprint, while reinvesting those funds in community-based programs. With housing instability, it is through direct outreach and housing navigation for those experiencing homelessness, through eviction prevention, and through collaboration with programs to address root cause. For older individuals and people with disabilities, it is increasing their ability to live safely and independently in the community. And for veterans, it is making sure they have access to resources and support. Through advocacy for these principles and collaboration with our diverse network of partners, we will work together to improve population health and the quality of life for people across their lifespan.



DHHS will address root cause and social determinants through coordinated efforts with residents and our collaborative partners.

While working with partners to invest upstream to prevent downstream effects, and advancing Milwaukee County toward the vision of improved health, DHHS is focused on integrating its internal services for its program participants. To this end, Milwaukee County is advancing a **“No Wrong Door”** vision of customer service so anyone, regardless of age or ability, can and will be served no matter how they enter the system. No Wrong Door creates easier access to quality, person-centered care by ensuring an improved customer experience; looking at the unique needs of the individual and providing direct access to tailored services; giving people what they need to thrive; and designating additional funding for the most needed services such as transportation, caregiver support, housing, and case management services. No Wrong Door means serving people across their lifespan with acceptable care that promotes dignity, regardless of race, gender, age, or socio-economic status. DHHS is committed to leading the way in partnering internally and externally to see each person as a whole person and promoting equitable solutions to meet individual needs which will lead to healthier communities.



In 2020, DHHS integrated with the Department on Aging and Veterans’ Services to advance the No Wrong Door model. By moving Aging and Veterans’ Services under the umbrella of DHHS, it gives residents more direct access to all the available services offered by DHHS, including accessing and maintaining housing, energy assistance, disabilities, and behavioral health services across the lifespan.

Integration is a proven strategy to tailor service delivery and address health outcomes.

For DHHS, the purpose of integration is to wrap services around participants’ needs in order to improve their outcomes, rather than to eliminate organizational inefficiencies. Orienting staff with this model of service delivery will take the investment of time and resources. To accomplish this, DHHS is committed to convening and collaborating with all partners who share the county’s population health goals. The work we are doing will be a model for scaling this process across departments to ensure enterprise-wide alignment.

When considering the path toward health of residents, we recognize that disparities by race exist across almost all indicators, and there is a concern that the effects of COVID-19 have further exacerbated these trends. DHHS is well positioned to radically alter the health trajectory of Milwaukee County by addressing disparities and transforming how services are offered through a system of care which better meets the needs of people in a way that is easy for them to navigate. As DHHS moves toward the Future State, organizational changes will impact both the place and persons rendering service. Considering the role DHHS is taking on in public spaces such as parks and neighborhoods through direct outreach by navigators,

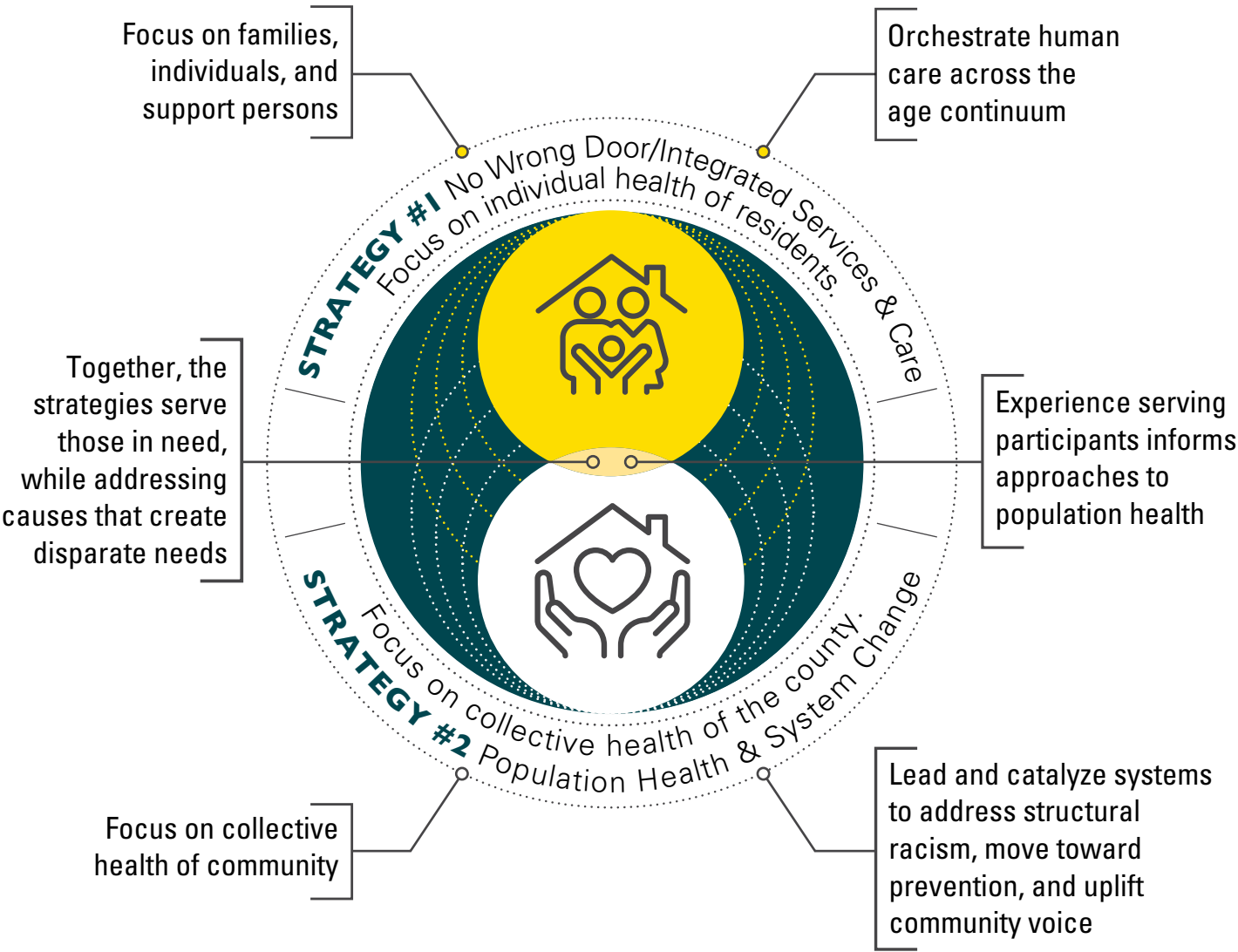
mobile teams, and human service workers, DHHS will no longer be defined by a destination, but by authentic service connection.

DHHS staff drove the work and helped create the vision for the 2025 Future State. To assist in the strategic planning process, DHHS staff sought input on the top issues affecting Milwaukee County residents from stakeholders and secondary research. Racism, Poverty, Economic Opportunity, Housing Instability, Violence and Public Safety, Substance Abuse, and Mental Health were all identified as critical issues that DHHS could systemically impact. As DHHS outlines the path forward, it helped create a leadership role in addressing these top issues. While the needs of the community are many, funding continues to be a constraint. DHHS will need to evolve in how it is funded and what it focuses on, not only serving as a safety net for vulnerable residents, but also finding innovative ways to invest upstream to address these critical issues.

DHHS has prepared this strategic plan for the years of 2020-2025 to declare its priorities and strategic direction. This plan sets forth the goals of DHHS and how they will be accomplished. This is the roadmap to sweeping transformative change that will improve the health of individual residents and the overall health of Milwaukee County.

DHHS TO PURSUE TWO STRATEGIES

Milwaukee County’s Department of Health & Human Services (DHHS) serves individuals of all ages, putting the department in a unique position to advance the health of the County. By pursuing two mutually-reinforcing strategies that place individuals and community at the center and are guided by principles of racial equity, these strategies address root causes of individuals’ needs and social determinants of health in the community.





STRATEGY #1:
No Wrong Door/Integrated Services & Care

Coordinate care and manage human service needs for individuals. Address root cases of needs, including addressing social determinants. Infuse policy and practice with an understanding of racial equity. Invest in staff and the human services ecosystem. Pursue improvement of participants’ health outcomes.

Focus	Achieving Success
Place the individual, their families, and supports at the center of the work, with DHHS coordinating services and care	Put forward a new service delivery model across DHHS and contracted staff that addresses root causes of needs, incorporates racial equity and cultural competency, promotes dignity and trust, and ensures individuals get the “right thing” at the “right time” in the “right place”
Address individuals’ needs with DHHS programs, and partner with organizations that serve additional needs (e.g. food, education, etc.)	Break down division, program silos for the purpose of improving outcomes (vs. savings) and share successful practices across the Department
Geographically focus on Milwaukee County and all residents, recognizing vulnerabilities across the lifespan and differences in type and depth of need	Address racial equity and economic disparities within DHHS’s own policies and practices
	Continue to improve availability and access to DHHS services, while assessing acceptability of how and where those services are provided
	Use technology to support practice, integration of services, evaluation, and communication
	Build capacity of staff and human services partners in the ecosystem, including providing resources, technology, training, administrative capabilities, and other support
	Address root causes of individuals’ needs and social determinants through strong partnerships with other county agencies and community partners
	Seek funding sources and request funder flexibility to meet needs of residents
	Partner with communities, participants, providers, and local organizations to ensure DHHS serves the needs of anyone seeking support; normalize the use of DHHS and other County services

Core Capabilities Needed	Systems Needed
Cohesive training, coaching, and quality assurance across DHHS	Organize department by demographics across a person’s lifespan (e.g. youth and families, and adults) – including program structure and physical locations
Technology and participant data to improve collaboration and the ability to track outcomes	Support fair pay levels, pay equity, and career paths to reduce turnover; provide staff and contracted staff with advancement opportunities across areas of DHHS and with contracted providers
Change management	Inform staffing and contracting with goals of addressing racial equity, economic disparities, and investment in affected communities; create greater opportunity to diversify the workforce
Authentic and representative community engagement and input	Develop human services access points for residents who are connected to trusted organizations in the community; meet residents where they seek help
Finance and contracts teams capable of supporting braided funding of services	Develop systems for consistent, authentic feedback from stakeholders to build trust
Develop partnerships to research and evaluate health outcomes	Track key measures at a participant outcomes level, with focus on disparities by race



STRATEGY #2:
Population Health & System Change

Along with the rest of the county, become change agents to address racial equity and increase prevention in the human services systems in which DHHS operates, and in the systems that impact vulnerable individuals. Invest resources to prevent crisis and negative outcomes. Pursue the goal of improving population health outcomes.

Focus	Achieving Success
<p>Place community at the center, with DHHS encouraging changes in major human services systems, with county support</p> <p>Look to place 25% of resources in primary prevention (social determinants), 25% in secondary prevention (diversion/addressing risky behavior), and 50% in tertiary prevention (acute care)</p> <p>Serve as the change agent in the human service systems that directly tie to DHHS programs; influence other social determinants by partnering with county departments and services that affect health outcomes, such as transportation, recreation, and justice</p> <p>Geographically focus on Milwaukee County and all residents, recognizing vulnerabilities across the lifespan and differences in type and depth of need</p>	<p>Influence system partners to address structural racism and to re-direct investment upstream; build trust with partners and with community</p> <p>Innovate to develop prevention approaches that shift funds for services upstream</p> <p>Build more collaborative relationships across DHHS to employ population health interventions tailored to communities in Milwaukee County and to collaborate on funding opportunities</p> <p>Enhance resources for public health and collaboration, gathering support by building awareness at the local, state, and national level, including through policy, advocacy, and attracting funders</p>

Core Capabilities Needed	Systems Needed
<p>Collective impact and leading system change</p> <p>Policy and advocacy</p> <p>The ability to effectively communicate demonstrated successes to become a sought after partner</p> <p>Authentic and representative community engagement</p> <p>Partner on population health evaluation with other government entities, academics, and philanthropic organizations</p>	<p>Build partnerships with key agencies to collaboratively influence systems</p> <p>Include direct-practice staff and contracted staff at all levels in system change activities</p> <p>Publicly highlight DHHS successes and track coverage of positive stories of population outcomes</p> <p>Track population health outcome measures, with focus on disparities by race</p> <p>Improved grants management and accounting systems</p> <p>Cooperative agreements and contracting</p>



GOALS

The following **FOCUS AREAS** outline the department’s goals and indicators of success. These goals describe how DHHS is executing the work and progress toward the Future State. In many cases, this work has already begun in order to achieve success by 2025. Partnerships are critical in achieving the goals, especially those systemic in nature. Building relationships based on trust and transparent communication with partners is necessary to achieving the goals set forth. Alignment across the department is fundamental to goal attainment, ensuring that DHHS staff are motivated and committed to the work of No Wrong Door, their ideas valued, and skills maximized.



FOCUS AREA:
Racial and Health Equity



GOALS	INDICATORS OF SUCCESS
<p>DHHS organizes to advance racial and health equity through the refinement of tools, investment in resources, and linkages to evaluation capacity and community engagement standards.</p> <p>DHHS will operationalize racial and health equity by partnering with communities and institutions to address disparities due to structural racism, with vendor partners and funders to set concrete targets which eliminates racial and health inequities in the community.</p> <p>DHHS will utilize participant and community feedback, quality of life indicators, and other metrics to drive decision making and target services where they are needed.</p>	<ul style="list-style-type: none">• Measure the percentage of staff who identify racial and health equity as a DHHS priority. Increase the percentage of staff that agree with the statement: leadership visibly supports diversity and inclusion with their actions and not just words.• Increase vendor diversity by benchmarking the current proportion of DHHS contracted providers in 2021 who are led by minority leadership and increasing the percentage of minority-led contracted providers.• Measure the ratio of staff and contracted staff that indicate the effectiveness of racial equity training, achieving an increase in the ratio.• Track investment of funds serving individuals in targeted vulnerable geographic areas.



FOCUS AREA:
Integration



GOALS	INDICATORS OF SUCCESS
<p>DHHS completes a series of projects to develop streamlined systems of care for children and adults. Efforts are also made to center services around participants and implement a consistent practice model while eliminating organizational inefficiencies.</p> <p>DHHS incorporates social determinants of health and joint screening in call centers for children and the newly established Aging and Disabilities Resource Center.</p> <p>DHHS continues to establish effective partnerships to collaborate seamlessly within its youth system of care and adult system of care, such that people may enter through any “door” and are able to access orchestrated care across DHHS, Milwaukee County, and partners’ programs.</p>	<ul style="list-style-type: none">• Measure improvement of program participants and family quality of life outcomes across DHHS programs.• Improve the ability for individuals to get their basic needs met.• Measure individuals’ progress toward self-sufficiency after program participation.



FOCUS AREA:
Organizational Development and Staff Support



GOALS	INDICATORS OF SUCCESS
<p>DHHS advances workplace culture strategies through the implementation of recommendations from compensation and position analyses, enhancing partnerships which reflect alignment of efforts, and sustaining investments in staff supports.</p> <p>DHHS is an employer of choice in human services, resulting from operationalizing a new strategy-aligned organizational chart which reflects a talent model that considers equity, employee training, workplace culture, leadership development, and retention.</p>	<ul style="list-style-type: none">• Increase the percentage of staff that agree with the statement: they would recommend DHHS to others as a great place to work.• Increase the percentage of staff and contracted staff who are non-white.• Increase the percentage of job candidates interviewed for positions who are non-white.• Increase the number of non-white staff in leadership/ supervisory roles.• Increase the number of non-white staff who are promoted to leadership.• Reduce voluntary staff turnover across staff levels.



FOCUS AREA:
System Change/Partnerships/Advocacy



GOALS	INDICATORS OF SUCCESS
<p>Sustain and build on partnerships within current system work, build community support for change, and build partnerships to address social determinants of health (SDOH) in the work of DHHS.</p> <p>DHHS is developing and formalizing relationships and several pilots for partnership on SDOH, including annual assessments and monitoring of agreed-upon wellness goals.</p> <p>In partnership with mission-aligned organizations, with community members and with other County departments, align on well-being goals, and move human service and social determinant systems toward addressing racial equity and prevention, including changes in how services are funded.</p>	<ul style="list-style-type: none">• Improvement in measure of non-natural deaths amongst working-age (16-64) Milwaukee County residents.• Decrease the number of individuals experiencing homelessness in Milwaukee County.• Increase access to and availability of affordable, safe, and energy efficient housing for low-income residents.• Decrease the number of evictions across Milwaukee County.• Decrease unemployment rate for individuals 16-24 in Milwaukee County, compared to overall unemployment levels.• Measure the number of calls to the DHHS-operated crisis call line.• Increase enrollment in early childhood development programs.



FOCUS AREA:
Financial Sustainability/Building Resources



GOALS	INDICATORS OF SUCCESS
<p>Establish systems and baseline information to track funding, improve flexibility and reimbursement, align service area funding requests, and increase visibility to government and nongovernment sources of support.</p> <p>Develop the framework for DHHS’s role in primary and secondary prevention, with partnerships and funding for resource development/ support; more than \$10M of annual incremental funding or partner contribution identified for primary and secondary prevention; relationship building for future, long-term funding.</p> <p>Develop organizational capacity to partner, shape, win, and manage a diverse set of funding opportunities, with the goal of increasing primary and secondary prevention spending or partner support by 100%+ from 2021 baseline.</p>	<ul style="list-style-type: none">• Increase funding for primary and secondary prevention and resources, compared with 2020 budget baseline.• Increase funding from new sources, including:<ul style="list-style-type: none">• Technical assistance grants from national and regional philanthropy/public entities.• Through collaboration with partners shape local and state policy to recalibrate spending on acute services to invest upstream.• Utilize tax levy to prove prevention models and secure funding to sustain those models.• Advocate for better reimbursement for upstream services.• Make the case to private sector entities and philanthropy to invest in population health.



FOCUS AREA:
Building Organizational Capabilities



GOALS	INDICATORS OF SUCCESS
<p>Establish models and implementation approaches that benchmark progress for community involvement, leadership development, outcomes evaluation, and community research. This includes documenting these practices to enable planning and optimization.</p> <p>Pilot evaluation/research capacity across all service areas; a community involvement function has been established; leadership development is structured, and pilot projects are in place. These efforts are supported in frameworks that are sufficiently resourced and documented.</p> <p>DHHS has participant and population outcomes embedded in all programs, has evaluation/research partnerships to improve outcomes, and has been noted by local and national leaders for its involvement (and capacity building) of affected communities in all levels of decision-making, from direction-setting to implementation. Internal resources established to guide current and future departmental leadership to execute these goals.</p>	<ul style="list-style-type: none">• Measure the extent of community involvement in setting priorities, direction, and implementation of DHHS programs.• Grow evaluation methods and research partnerships with academic partners.



FOCUS AREA:
Facilities



GOALS	INDICATORS OF SUCCESS
<p>DHHS seeks to locate in sites that are physically closer to and more accessible for participants, co-locating in spaces that residents trust and where they seek out help.</p> <p>Set direction for new DHHS locations that are supported by identified funding, and which are accessible to program participants, key partners, and other county services.</p> <p>DHHS has transitioned majority of its staff to its administration location that is in alignment with strategy, co-located with most trusted community providers and supported by staff; Senior Centers/Housing projects are aligned with the Strategic Plan, facilitating greater access to services and programs.</p>	<p>DHHS is going through a significant geographic transition of services from the Behavioral Health campus on Watertown Plank Road in Wauwatosa to various community locations in 2021-23; related success measures include metrics related to access:</p> <ul style="list-style-type: none">• Number of participants accessing behavioral health care (before and after transition)• Proportion of participants accessing behavioral health care from vulnerable zip codes (before and after transition)• Measure of awareness and accessibility of service locations



FOCUS AREA:
Technology



GOALS

Affirm direction on the suite of technology tools required to meet the department’s needs; significantly reduce use of manual/paper processes; prepare for implementation of case management of updated Electronic Health Record (EHR).

All service areas are transitioned to a streamlined, connected case management system that allows a singular view of participants and their outcomes; case management is connected to a new EHR solution, call center, fiscal tools; pilots are launched to increase public-facing tools available to residents to enable access without requiring a phone or in-person interaction; all these efforts lead to automation and little paper being utilized in service.



DHHS FUTURE STATE THEMES & ANALYSIS

The following themes were developed based on the potential influence and impact of DHHS’s role in the human services ecosystem, and are based on the department’s guiding principles. These themes are interwoven, reinforcing and affecting each other. To lay a foundation for measurement, the current state is provided, followed by a description and future vision for each of the themes.

THE CURRENT STATE OF RESIDENT HEALTH OUTCOMES DISPARITIES BY RACE/ETHNICITY

Milwaukee County is ranked 70 of 72 in a composite of health indicators among Wisconsin counties.* Milwaukee County has higher than the state average rates of infant mortality, sexually transmitted infections, cancer (breast, cervical, lung and prostate), violence, teen pregnancy, childhood lead poisoning, and mortality due to unintentional injuries.

Top health issues listed by Milwaukee County residents – by race/ethnicity:

African American, non-Hispanic	Hispanic	White, non-Hispanic
<ul style="list-style-type: none">• Chronic Illness• Infectious Diseases• Violence and Public Safety	<ul style="list-style-type: none">• Infectious Disease• Chronic Illness• Violence and Public Safety	<ul style="list-style-type: none">• Illegal Drug Use• Access to Healthcare• Obesity• Mental Health

Source: 2018 Milwaukee County Community Health Needs Assessment

Through DHHS research, stakeholders identified racism and a variety of disparities, including housing, employment, transportation, and healthcare, among others, as major barriers to health in Milwaukee County.

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*Source: www.countyhealthrankings.org/app/wisconsin/2019/rankings/milwaukee/county/outcomes/overall/snapshot.



THEME #1:
No Wrong Door/Integrated
Services & Care

The first theme centers around accessibility and needs of individuals and those who support them, rather than on the parameters imposed by systems. This means staff will have the capability to identify root causes of individuals' needs and the ability to address them in an effective and timely manner regardless of which "door" an individual may enter. This includes basic needs of individuals such as food, shelter, and other social determinants like employment, education, and safety.

DHHS will fill the gaps in human services for individuals where a partnership is not available and staff members will have the tools and resources to collectively get to "yes" in terms of addressing needs, resulting in positive stories of recovery, health, and success identifying a path forward.

The footprint of DHHS will include physical and virtual spaces that are warm and welcoming, with the DHHS brand reflecting that. DHHS will improve accessibility of buildings with modifications and equipment, including for those who have vision and/or hearing loss. Finally, DHHS will meet community members where they are and create greater accessibility for vulnerable residents.

THEME #2:
Investing in Staff and in Ecosystem

Our second theme focuses on ensuring that our staff, contracted providers and agencies reflect the diversity of DHHS program participants, and that the ecosystem of non-profit providers DHHS contracts with are supported so they can prosper, be financially healthy, and deliver quality services. Capacity-building services will be available to local agencies, ensuring they have the knowledge and capabilities that reflect Milwaukee County values. Further, DHHS will assure family-sustaining salaries for its staff and contracted staff, addressing pay inequities. Quality assurance of contracted services will go beyond monitoring compliance but also support organizational development. DHHS will ensure physical environments support staff well-being, including investing in staff wellness.

THEME #3:
Leading Major Systems Change

DHHS will focus on Leading Major Systems Change to address racial equity and to prevent harmful outcomes by leveraging its unique position to convene partners, taking the lead in system change efforts in human services systems with the purpose of addressing institutional racism and investing in disease prevention and health promotion. DHHS will address the intersection of racism and gender, age, poverty, mental or physical abilities, and sexual identity. In systems that

affect DHHS program participants but where DHHS does not have influence, relevant county departments and partners will benefit from DHHS leadership. DHHS will engage in system change efforts in the service of program participants, rather than system, and elevate community voice in system goal setting and planning. In involuntary settings, program participants’ dignity and self-empowerment are reinforced, engaging them to achieve voluntary status in a community-based setting.

THEME #4:
Re-Investing Upstream

DHHS will work with system partners to identify opportunities to redirect resources spent on acute services to invest in upstream supports. Savings from efficiencies are reinvested into upstream services and supports that avert need for acute interventions, with a focus on funding prevention work. DHHS partners with other organizations to influence policy, shape funds, and submit joint applications for grants and funding requests. DHHS and partners will engage state and federal entities that have the ability to fund services differently, such as not tying funding to the number of cases or number of secure placements.

THEME #5:
Participant and Community at the Center

This theme ensures that individuals are served across their lifespan with care they deem as acceptable, which promotes dignity, and which takes into account inequities by race, gender, and socio-economic status. The needs of individuals are prioritized over needs of the system, and when serving participants in involuntary capacity, they are treated with dignity and moved to voluntary status as quickly, safely, and responsibly as possible.

DHHS develops, trains, and coaches its staff and network of partners to perform in ways that address racial equity, trust, cultural competence, trauma, and address root causes of individuals’ needs in ways that promote dignity and ensure individuals get the “right thing” at the “right time” in the “right place.” This includes the physical spaces where residents receive services to make them welcome, reduce their stress, and make them feel valued. Additionally, services will be available at locations where vulnerable individuals seek help.

Infrastructure supports inclusion of county residents on all key decisions made by DHHS, ensuring follow-up and follow-through when their input is solicited to build trust. The health and human services for the county will address needs differentially by community, reflecting the knowledge that depth and breadth of need is different across populations.

THEME #6:
Addressing Racial Equity and Investment in Affected Communities

DHHS is leading the county by example in addressing racial equity internally via staff practices, contracting practices, policy, and procedures. DHHS staff, leaders, and contractors will continue to be educated on racial equity, given building tools, and improve capabilities to assure implementation, while addressing the intersection of racism and gender, age, poverty, mental or physical abilities, and sexual identity.

The department leads and participates in system change initiatives that look to tackle institutional racism externally, while working toward partnerships with all of the county’s departments that address systemic racism more powerfully together. Talent is hired from affected communities, creating a pipeline to recruit and retain diverse staff.

THEME #7:
Addressing Root Causes and Social Determinants

DHHS will significantly partner with organizations that address areas DHHS does not serve, such as other county services, Parks or Transportation, other government systems—for example Milwaukee Public Schools (MPS), Division of Milwaukee Child Protective Services, area health

departments, or civic organizations, including the YWCA, Running Rebels, Boys & Girls Clubs of Greater Milwaukee, and others.

DHHS will address all needs that program participants present with. Like many other health and human service systems, DHHS has traditionally focused on increasing access to or improving the quality of care people receive once they present themselves for available services. For communities, families, and individuals to thrive and reach optimal health, DHHS will expand its focus. While continuing to honor the longstanding commitment of providing access to quality care, DHHS is pivoting to emphasize the importance of addressing underlying needs and root causes of needs in a way that promotes dignity and ensures participants get the “right thing” at the “right time” in the “right place.”

A new model, which can transform the lives of the people served by DHHS in Milwaukee County, requires investment in other factors that are proven to promote positive quality of life outcomes, such as community safety, family and social support, and housing and care that fosters healthy behaviors. These factors, also known as social determinants of health, are conditions in the environments in which people are born, live, learn, work, play, pray, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

THEME #8:
Developing Trust

DHHS leaders have learned that changes and collaborations that are required by the Strategic Plan move ‘at the speed of trust’. Intentional actions will be required by leaders to ensure development of trust between leaders and staff, DHHS and contractors, DHHS and community, and others.

THEME #9:
Developing and Intentionally Applying Resources

DHHS seeks and secures resources to build capabilities and programs that align with and enable the execution of Future State strategies and department values. In particular, DHHS will focus on funding for prevention and expansion of programs that build capacity of our staff, contracted staff, and community members. DHHS is developing strategic relationships with state and federal government resources, national and regional philanthropic organizations, community, and academics to expand resources that support and sustain the work outlined in this Strategic Plan.





FUTURE STATE THEMES ALIGNMENT TO MILWAUKEE COUNTY STRATEGY

For the first time in more than 20 years, Milwaukee County developed a countywide strategic plan, establishing three strategic focus areas with nine objectives to guide its work moving forward.

The DHHS Strategic Plan represents the goals and activities the department will take on to move toward the 2025 Future State, in support of the County’s overall mission and vision. While the plans of any department require a specificity that may not be possible to cover in a broader countywide strategic plan, DHHS’s Future State aims to advance the County’s vision and strategic focus areas. This section describes the connection between Milwaukee County’s focus areas and goals with the themes of the DHHS Future State outlined in this Strategic Plan.

COUNTY (2020)		
Create Intentional Inclusion	Bridge The Gap	Invest In Equity
Reflect the full diversity of the County at every level of County Government Create and nurture an inclusive culture across the County Increase the number of County contracts awarded to minority- and women-owned businesses	Determine what, where, and how we deliver services based on the resolution of health disparities Break down silos across County government to maximize access to and quality of services offered Apply a racial equity lens to all decisions	Invest “upstream” to address root causes of health disparities Enhance the County’s fiscal health and sustainability Dismantle barriers to diverse and inclusive communities

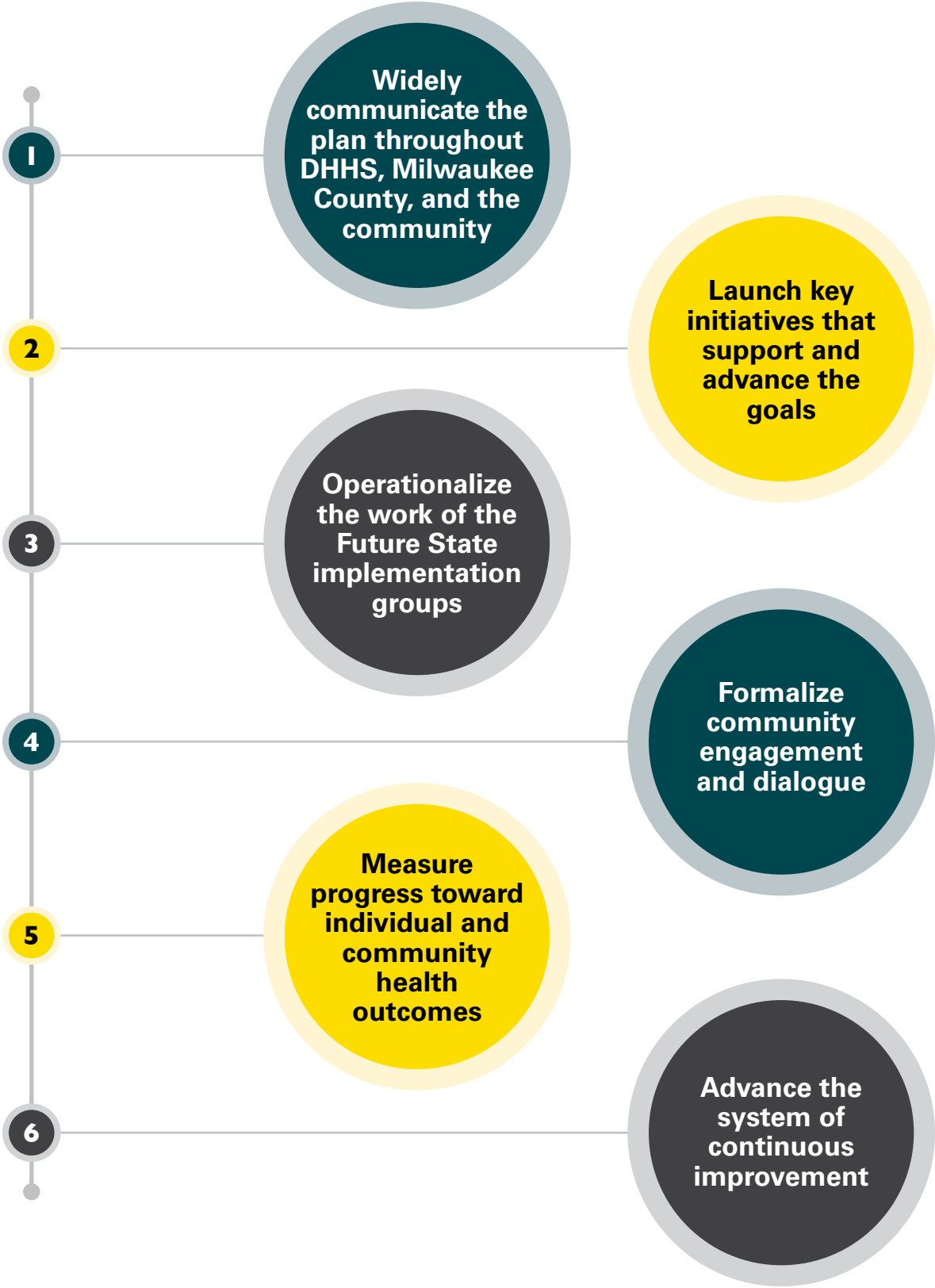
DHHS (2020)	
 <p>STRATEGY #1 No Wrong Door/Integrated Services & Care</p>	 <p>STRATEGY #2 Population Health & System Change</p>

County Strategic Goals	DHHS Future State Themes	Connection
<p>Create Intentional Inclusion</p> <ul style="list-style-type: none">• Reflect the full diversity of the County at every level of County government• Create and nurture an inclusive culture across the County• Increase the number of County contracts awarded to minority- and women-owned businesses <p>Bridge the Gap</p> <ul style="list-style-type: none">• Apply a racial equity lens to all decisions	<p>Theme #6: Addressing Racial Equity and Investment in Affected Communities</p> <p>Theme #2: Investing in Staff and in Ecosystem</p>	<p>A number of County strategic goals are related to incorporating racial equity into County policy and practice, with staff and contractors in particular.</p> <p>These elements are a reflection of the theme of “Addressing Racial Equity,” with recent work related to contracts, budgeting, and practices at DHHS. They are also reflected in “Investing in Staff and in Ecosystem,” where the work will continue to focus on supporting staff and contracted providers with racial equity in mind.</p> <p>Furthermore, DHHS is participating in countywide working groups on this topic, both to share with other departments what DHHS has learned and changed in its practices, and to collectively determine direction on countywide decisions related to racial equity.</p>

County Strategic Goals	DHHS Future State Themes	Connection
<p>Bridge the Gap</p> <ul style="list-style-type: none">• Determine what, where, and how we deliver services based on the resolution of health disparities• Break down silos across County government to maximize access to and quality of services offered	<p>Theme #1: No Wrong Door, Orchestrating Services</p> <p>Theme #5: Participant and Community at the Center</p> <p>Theme #8: Developing Trust</p>	<p>These goals align with the “No Wrong Door” and “Participant and Community at the Center” themes, as DHHS seeks to break down its division silos and to integrate care, which is driven by participants. DHHS also aims to develop authentic relationships with community partners and residents to ensure we are providing the right services.</p> <p>Service considerations, program funding, and participant experience all contribute to the accessibility and acceptability of available and needed health and human services. All must be addressed to achieve successful health outcomes.</p> <p>The “Developing Trust” theme aligns to these goals, as well as work with participants and community will require trust to be built and maintained.</p>
<p>Invest in Equity</p> <ul style="list-style-type: none">• Invest “upstream” to address root causes of health disparities	<p>Theme #4: Re-investing Upstream</p> <p>Theme #7: Addressing Root Causes and Social Determinants</p>	<p>The county’s goal of investing resources upstream to address root causes is in alignment with several of DHHS’s themes with similar titles. The goal is to address issues before they become acute needs.</p> <p>These root causes are hurdles to the successful application of evidence-based interventions in health and human services. They affect participants, providers, and staff. They challenge the successful uptake of information and skills.</p>

County Strategic Goals	DHHS Future State Themes	Connection
Invest in Equity <ul style="list-style-type: none">Enhance the County’s fiscal health and sustainability	Theme #9: Developing and Intentionally Applying Resources	<p>Due to a structural deficit, without intervention, the county will continue to experience a shrinking pool of tax levy resources, which affects DHHS’s ability to provide care and services.</p> <p>This is recognized by the DHHS theme of “Developing and Intentionally Applying Resources,” with the goal of expanding DHHS resources through partnership, grants, and other means.</p> <p>At DHHS, fund development needs to be reimagined, exploring sustainable partnerships that advance achievable goals, reducing the incidence of social and physical harm that leads to high rates of disease and distress.</p>
Invest in Equity <ul style="list-style-type: none">Dismantle barriers to diverse and inclusive communities	Theme #3: Leading Major System Change Theme #6: Addressing Racial Equity and Investment in Affected Communities	<p>In alignment with the County’s overall vision of achieving health of the County, the county strategic goals focus on dismantling barriers to equity, and a focus on community segregation in particular.</p> <p>Dismantling barriers requires leadership in changing the systems that create them, recognizing that long-term racialized disinvestment in communities have contributed to health inequities.</p> <p>Thus, DHHS will look to address systemic issues by acting as a catalyst for change in systems where it operates, including justice, behavioral health, aging, disabilities, housing, and others. Furthermore, DHHS will plan to utilize the economic power of our department’s contracts to target affected communities, in order to bring resources to those areas.</p>

NEXT STEPS



CLOSING LETTER



Dear Reader,

It would be difficult to overstate the importance of this document. This is the DHHS roadmap to **“Together, creating healthy communities”** by 2025. We are talking about much more than singular tactics. We are proposing a complete transformation of the way in which we work. Driven not by the parameters, and in some cases limitations, of the systems in which DHHS operates, but instead centered around the people we serve. We are asking ourselves, “How can we comprehensively support this person?” We are asking our partners, providers, and networks to join us in this way of thinking. Our goal is to exponentially improve how people connect and receive services for the better and forever.

We are appreciative you took the time to read our *2020-2025 DHHS Strategic Plan: Creating Healthy Communities*. Thank you for your thought investment in this document.

The work we are embarking on will not be easy. Transforming the system to best serve individuals and the community, compared to deploying resources based on budget considerations, will require wide ranging support within and outside of DHHS. Please know that we are fully committed to this transformation, and to ensuring adult and youth systems of care are effective and well-funded. We are committed to bringing our services to the people we serve as well as providing a warm and welcoming front door for those who come to us.

We did not rush the process to arrive at this point in time. We have been thoughtful and thorough throughout the strategic planning process. We have taken as many perspectives as possible into consideration. The work represented in this document was done with great intention. While this work is aspirational, we believe in our core that it is achievable.

Our goals are lofty. Operationalizing racial and health equity will require addressing longstanding inequities. Establishing seamless systems of care for adults and youth will require a highly successful integration of DHHS. Retaining and growing top talent by becoming an employer of choice will require considerable work, incorporating equity, training, culture, development, and retention. System change and building resources to increase our organizational capabilities will move us into new territory.

We would like to take a moment to thank the DHHS team for their focus and commitment to developing an unprecedented path forward. All of us have a deep commitment to improving the lives of residents in Milwaukee County.

David Muhammad
DHHS Deputy Director

ACKNOWLEDGMENTS.....

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Team members include:

Karin Bachman, Martha Badger, Heidi Ciske-Schmidt, Matt Drymalski, Steve Dykstra, Jim Feagles, Janet Fleege, Matt Fortman, Lois Gildersleeve, Justin Heller, Jenna Kreuzer, Justin Kuehl, Marietta Luster, Keith Murphy, Linda Oczus, De Shell Parker, Jessica Peterson, Luke Rosynek, Brenda Smith-Jenkins, and Jennifer Wittwer

2020 additions to the group: TJ Cobb, Dinah LaCaze, Bekki Ross, and Kayla Steinke

The DHHS leadership team conducted discussions, supported Future State thinking, and developed documents across the same time period. Those leaders were augmented in 2020 to include:

Dennis Buesing, Sumaiyah Clark, Matt Fortman, Steve Gorodetskiy, Jon Janowski, Rachel Kaehny-Frank, Shakita LaGrant-McClain, Michael Lappen, Jill Lintonen, Amy Lorenz, Marietta Luster, Jim Mathy, Brian McBride, Mark Mertens, David Muhammad, and Clare O’Brien

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For more information, please visit:
county.milwaukee.gov/DHHS

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